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PTO/SB/21 (12-07)

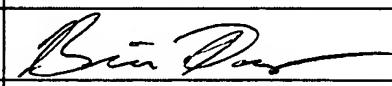
Approved for use through 12/31/2007. OMB 0651-0031

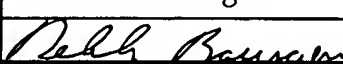
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control.

 TRANSMITTAL FORM	Application Number	10/539,082	
	Filing Date	December 16, 2005..	
	First Named Inventor	James M. Swanson	
	Group Art Unit	1634	
	Examiner Name	Jeanine Anne Goldberg	
Total Number of Pages in This Submission	18	Attorney Docket Number	121-000910US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Interview Summary
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input checked="" type="checkbox"/> Declaration of Dr. James Swanson
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input checked="" type="checkbox"/> Declaration of Dr. Robert Moyzis
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<div style="border: 1px solid black; padding: 5px;">Remarks</div>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brian E. Davy, Reg. No. 61,197, Quine Intellectual Property Law Group, P.C.
Signature	
Date	September 4, 2008

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below			
Typed or printed name	Deborah Barragan		
Signature		Date	September 4, 2008

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**OFFICE TRANSMITTAL**
For FY 2008

SEP 08 2008

☒ Applicant claims small entity status. See 37CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
525.00

Complete if Known

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Filing Date	371 Date: December 16, 2005
First Named Inventor	James M. Swanson
Examiner Name	Jeanine Anne Goldberg
Art Unit	1634
Attorney Docket No.	121-000910US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account

☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims: Extra Claims: Fee (\$): Fee Paid (\$):

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: Extra Claims: Fee (\$): Fee Paid (\$):

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u> </u>	
Other: <u>Petition for Extension of Time for 3 Months</u>	525.00
Other: <u> </u>	
Other: <u> </u>	
Other: <u> </u>	

SUBMITTED BY

Signature	<u>Brian E. Davy</u>	Registration No. (Attorney/Agent)	61,197	Telephone	
Name (Print/Type)	Brian E. Davy	Date	September 4, 2008		